

L07000023366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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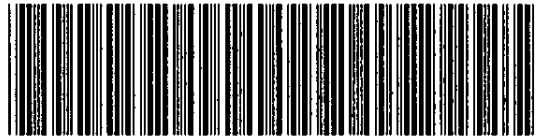
(Business Entity Name)

(Document Number)

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J. BRYAN

DEC 29 2008

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Collaborative Therapeutic Services, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erin Saintil  
(Name of Person)

Collaborative Therapeutic Services, LLC  
(Firm/Company)

P.O. Box 17112  
(Address)

Tampa FL 33682  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Erin Saintil at (813) 951-7346  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Collaborative Therapeutic Services, LLC  
2. (a) Principal office address of limited liability company: 101 American Center Place Ste 203  
Tampa FL 33619  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company: P.O. Box 17112  
Tampa FL 33682  
*(Note: MAY BE POST OFFICE BOX)*

3.1.07  
3. Date of filing/registration in Florida

L07000023366  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: Maglione-Bashner, Daniella  
Registered Office Address: 10023 Kenda Dr.  
Riverview FL 33578

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** Erin Saintil  
**NEW Registered Office Address:** 101 American Center Pl. Ste 203  
*(MUST BE FLORIDA STREET ADDRESS)* Tampa, FL 33619

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Daniella Maglione Bashner  
(Signature of a member or authorized representative of a member)

Daniella Maglione-Bashner  
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

E. Saintil  
(Signature of Registered Agent)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**

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